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ABSTRACT

Population growth trends and family planning activities in Africa, America, Asia, Europe, and Oceania are summarized in this booklet developed by the International Planned Parenthood Federation. Narrative information for each continent gives a resume of population growth trends, reasons for the trends, population problems, policy formation, family planning attitudes, and government interest in matters of population and family planning. Following this, highlights of the family planning situation and basic demographic statistics are provided in table form for each country in the continent. Recorded is the country name, 1969 population estimate, birth and death rate per 1,000 for the most recent census or survey year, population growth rate percent for 1963-1969, and a paragraph on the family planning situation in that country. One hundred sixty-seven countries are reviewed. United Nation sources were used for obtaining population figures. (BL)

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Family Planning in Five Continents

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July 1971

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Family Planning in Five Continents

	Population	% of World Population	Population Growth Rate
WORLD	3,552,900,000	100.0	2.0%
Africa	345,000,000	9.7	2.5%
North America	224,000,000	6.3	1.2%
South America	276,000,000	7.8	2.9%
Asia	1,998,000,000	55.9	2.1%
USSR	240,000,000	6.8	1.1%
Europe	460,000,000	13.0	0.8%
Oceania	18,900,000	0.5	2.0%

World population is growing at a rate of 2 per cent a year. This means an addition of 70 million people a year to the present population of more than 3,500 million. There are striking regional differences in the population growth trends. The fastest growing region in the world is Latin America which includes South and Central America and the Caribbean with an annual rate of 2.9 per cent. Africa and Asia closely follow Latin America at rates of 2.5 per cent and 2.1 per cent respectively. However, the largest absolute addition to the world population is in Asia which at present contains about three-fifths of the people of the world. Europe and North America are the slowest growing regions with constant growth rates of about 1 per cent during the last two decades.

Concern about population problems and activities in family planning first started in Europe and North America. Awareness of the problem is relatively recent in Asia, Latin America and Africa. The first step in organized family planning activities in almost all countries is the formation of a voluntary association, government interest and adoption of policies have usually come later. In many countries governments have been first concerned with the importance of family planning for maternal and child health, and secondly by the impact of population growth on economic development.

In the following tables, the highlights of the family planning situation and basic
statistics are given for each country. Population figures are taken from the lates
including the 1969 Demographic Yearbook and the UN Monthly Bulletin of Sta
given for birth and death rates is that of the most recent census or survey on wh
are based. For some countries, where reliable statistics are available, local figur
quoted in order to give more up-to-date information. Nevertheless, for many co
population statistics remain unreliable.

Assistance by government agencies mentioned in the text refers to bilateral aid
increasing number of countries make contributions to multilateral programmes.
ments give funds to IPPF and in 1970 the United Nations Fund for Population
donations from 24 countries.

For more information on family planning facilities throughout the world, pleas
International Planned Parenthood Federation, Information Department.

KEY TO AB

CARE	Co-operative for American Relief Everywhere Inc.
CELADE	Centro Latinoamericano de Demografía
CIDA	Canadian International Development Agency
CWS	Church World Service
DANIDA	Danish International Development Agency
fp	family planning
FPA	Family Planning Association (or equivalent body)
IBRD	International Bank for Reconstruction and Development (World
IUD	Intra-Uterine Device
MCH	Maternal and Child Health

s of the family planning situation and basic demographic
Population figures are taken from the latest UN sources,
arbook and the UN Monthly Bulletin of Statistics. The year
t of the most recent census or survey on which these figures
e reliable statistics are available, local figures have been
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e contributions to multilateral programmes. Eight govern-
0 the United Nations Fund for Population Activities received

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ederation, Information Department.

KEY TO ABBREVIATIONS

can Relief Everywhere Inc.

o de Demografía

Development Agency

evelopment Agency

iation (or equivalent body)

Reconstruction and Development (World Bank)

alth

NORAD	Norwegian Agency for International Development
OEO	Office of Economic Opportunity (US)
PAHO	Pan American Health Organization (WHO)
RC	Roman Catholic
SIDA	Swedish International Development Authority
SIECUS	Sex Information and Education Council of the US
UKODA	United Kingdom Overseas Development Administration
USAID	United States Agency for International Development
WAY	World Assembly of Youth
WCC	World Council of Churches

Africa

Population	1960	278,900,000
Population	1969	345,000,000
Population growth rate	1963–1969	2.5%
Birth rate	1963–1969	45 per 1,000
Death rate	1963–1969	21 per 1,000

Individual countries in Africa continue to experience rising population growth rates due mainly to the sometimes rapid declines in death rates. Between 1950 and 1960 populations were growing at about 2.2% per year. The growth rate between 1960 and 1970 has shown a steady increase–a trend which is likely to continue. While statistics remain for the most part very unreliable, in a number of countries where censuses have recently been held, governments have found that their previous population estimates were too low. It is, therefore, not unreasonable to suppose that the African continent as a whole has a population and a growth rate significantly higher than 345 million and 2.5%.

There has been a trend towards increasing concern with population matters. However, in over half the countries of Africa, there is no organised family planning–in a few, the government is even pursuing a pro-natalist policy. The sheer density of population is, for most of Africa, not yet a pressing concern. Rather, those countries with family planning programmes have been concerned first with the benefits of family planning for maternal and child health, and secondly with the realization that economic progress is retarded by the dependency burden of excessive numbers of young people. In much of French speaking Africa, where there has been little interest in family planning, and even laws restricting the use of contraceptives, there is growing interest in family planning as part of sex education for young people.

In the whole of Africa, progress is inhibited by lack of health facilities and trained medical personnel, high infant mortality rates, and social systems which encourage large numbers of children as a source of social security and paternal pride. Existing research, however, shows that with urbanization and education, knowledge and practice of family planning increases.

Three African countries (Mauritius, Seychelles, Reunion), all small islands, have experienced declines in their birth rates–due in large measure to the spread of the practice of family planning.

AFRICA

Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Algeria	13,349,000	1968	40.9	10.4	3.0	Go hos IPP lati adv SID
Angola	5,430,000	1967	26.5	–	1.3	No
Botswana	629,000	–	–	–	3.0	Go by gra MC Fre DA
Burundi	3,475,000	1965	46.1	25.6	2.0	IPP fp fp do
Cameroon	5,680,000	–	–	25.7	2.1	No 15 Fu su
Cape Verde Islands	250,000	1967	42.9	10.9	2.5	No
Central African Republic	1,518,000	1959–1960	48.0	30.0	2.5	No an
Chad	3,510,000	1963–1964	45.0	31.0	1.5	No Po To
Comoro Islands	270,000	1964	20.6	6.9	3.9	Sr
Congo (Brazzaville)	880,000	1960–1961	41.1	24.4	1.3	N

Rates (per 1,000) Year	Births	Deaths	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
1968	40.9	10.4	3.0	Government has no national programme but has pilot fp clinics in hospitals of Algiers (since 1967), Constantine and Oran. No FPA. IPPF has provided training, contraceptives and literature. Population Council, UNFPA and Ford Foundation have provided advisors on demographic and other aspects. Pathfinder Fund and SIDA supplied contraceptives and literature.
1967	26.5	–	1.3	No organized fp activities.
–	–	–	3.0	Government support of fp. Target is to reduce growth rate to 2.5% by 1980. No FPA but IPPF provides funds for doctor and fp programmes being initiated by 7 District and Town Councils as part of MCH. Two of these clinics average 150 acceptors a month. OECD Freedom From Hunger Group provides funds through IPPF. DANIDA grant 1971 for construction of fp training centre.
1965	46.1	25.6	2.0	IPPF doctor in Bujumbura at government request doing MCH and fp work since July 1970. Some mission hospitals offering limited fp services. Pathfinder Fund has given supplies and supports midwife doing fp at Gitega.
–	–	25.7	2.1	No organized fp. Government wants to expand population to 15 million. Some private doctors provide advice. IPPF, Pathfinder Fund and CWS have provided limited assistance, training and supplies for individual doctors and nurses.
1967	42.9	10.9	2.5	No organized fp activities.
1959–1960	48.0	30.0	2.5	No organized fp activities, but some interest in government circles and some individual doctors give fp advice.
1963–1964	45.0	31.0	1.5	No organized fp activities. Some private doctors provide advice. Population Council supporting KAP study by Institute National Tchadien.
1964	20.6	6.9	3.9	Small FPA founded 1969 with government assistance.
1960–1961	41.1	24.4	1.3	No organized fp activities.

Country	*Population (1969 estimate)*	*Rates (per 1,000)* *Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*
Congo (Democratic Republic)	17,100,000	1955–1957	43.0	20.0	2.3
Dahomey	2,640,000	1961	54.0	26.0	2.9
Equatorial Guinea	286,000	1967	18.4	–	1.8
Ethiopia	26,800,000*	1965	52.3*	24.3–27.3*	2.5–2.8*
Gabon	485,000	1960–1961	35.0	30.0	1.0
The Gambia	357,000	1963	38.7	21.0	2.1
Ghana	8,600,000	1960	47–52	24.0	2.7
Guinea	3,890,000	1955	62.0	40.0	2.5
Ivory Coast	4,195,000	1961	56.1	33.3	2.3

*Local estimate

ion mate)	Rates (per 1,000) Year	Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
000	1955–1957	43.0	20.0	2.3	No organized fp activities. Government interested in expanding MCH services. Some missions do fp work. Pathfinder Fund and CWS provide supplies and literature.
000	1961	54.0	26.0	2.9	Government supports fp. Pathfinder Fund and Christian Aid financed fp addition to government MCH clinic which began operating in Cotonou in January 1971. Population Council reported on population matters; government is studying report. Pathfinder Fund also supported private fp clinic.
000	1967	18.4	–	1.8	No organized fp activities.
000*	1965	52.3*	24.3–27.3*	2.5–2.8*	Government does not object to fp as part of MCH but fp publicity not allowed. FPA founded 1966, as part of Haile Selassie Foundation. Clinics throughout the country are serving about 1,000 acceptors a month (twice as many chose orals as IUDs or Depo-Provera). IPPF aid to FPA. SIDA provides a fp doctor, USAID, Pathfinder Fund, Population Council, CWS and World Neighbors also assist.
000	1960–1961	35.0	30.0	1.0	No organized fp activities.
000	1963	38.7	21.0	2.1	Government interested in fp. FPA founded 1969. Clinic recently opened in Bathhurst. Population Council mission report being studied by government. IPPF and Pathfinder Fund assist FPA.
000	1960	47–52	24.0	2.7	GOVERNMENT PROGRAMME since mid-1969. Target is to reach 10% fertile women by 1975. FPA founded 1966, IPPF member 1968. Fp services offered by over 40 government centres, FPA clinics and some mission hospitals. FPA is developing a sex education programme. IPPF, USAID, Population Council, Ford Foundation, Pathfinder Fund, CWS and UNFPA have been providing assistance. IPPF West Africa sub-regional office in Accra.
000	1955	62.0	40.0	2.5	No organized fp activities.
000	1961	56.1	33.3	2.3	No organized fp activities, but interest is growing.

AFRICA

Country	*Population (1969 estimate)*	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (% (1963–69)*
Kenya	10,506,000	1962	50.0	20.0	3.3*
Lesotho	930,000	1956	40.0	23.0	2.8
Liberia	1,150,000	1962	44.0	28.0	1.9
Libya	1,869,000	1968	37.9	5.2	3.7
Malagasy Republic	6,643,000	1966	46.0	25.0	2.1
Malawi	4,398,000	–	–	–	2.7
Mali	4,881,000	1960–1961	55.0	30.0	1.9
Mauretania	1,140,000	1964–1965	45.1	28.0	2.0

*Local estimate

e)	Rates (per 1,000) Year	Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
	1962	50.0	20.0	3.3*	GOVERNMENT PROGRAMME since 1966. Target is to reduce birth rate 1% in 10 years. FPA founded 1961, IPPF member 1963. IPPF and government co-operate in running 7 mobile teams in rural areas. There are over 260 clinics run by government, Nairobi City Council, mobile teams, mission hospitals, Dutch training team and FPA serving 2,500 new clients a month. Some interest in sex education, FPA studying attitudes. SIDA, Oxfam, Population Council, Netherlands Government, Ford Foundation, USAID, UK and NORAD also assist. IPPF East and Southern Africa Office in Nairobi.
	1956	40.0	23.0	2.8	Government not in favour of fp. FPA founded in 1968, closed by government 1970. Fp being offered by a mission hospital supported by IPPF: about 60 clients are seen a month.
	1962	44.0	28.0	1.9	Government gives cautious approval to fp. FPA founded 1956, IPPF member 1967. About 100 acceptors per month in Monrovia and Bomi Hills. IPPF, USAID, Pathfinder Fund and Ford Foundation assistance.
	1968	37.9	5.2	3.7	Government encourages increase in population.
	1966	46.0	25.0	2.1	Government favours increasing birth rate, but attitudes beginning to change. FPA founded 1967, now operates 3 clinics serving about 70 acceptors a month, mainly women with 4 or more children. IPPF assists.
	–	–	–	2.7	Government encourages population growth. Fp advice available in some hospitals and from some doctors. CWS and World Neighbors limited assistance.
	1960–1961	55.0	30.0	1.9	Government not opposed to fp as part of MCH. FPA is being formed. Pathfinder Fund has provided some supplies.
	1964–1965	45.1	28.0	2.0	No organized fp activities.

Country	*Population (1969 estimate)*	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Mauritius	819,000*	1970	26.0*	7.8*	1.6*	GOVERNM and Action 20/1,000 by Action Fam 25,000 coup popular, 5,0 all clinic act education p 40.4 in 195 programme. SIDA also a
Morocco	15,050,000	1962	46.1	18.7	2.9	GOVERNM Target is to concentrate centres offe Population equipment,
Mozambique	7,376,000	–	–	–	1.4	No organize
Niger	3,909,000	1959–1960	52.0	27.0	2.7	No organize survey 1970
Nigeria	63,870,000*	1970	50.0*	25.0*	2.5*	GOVERNM as part of 19 IPPF memb State Gover fp services. and Pathfin
Portuguese Guinea	530,000	–	–	–	–	No organize
Reunion	436,000	1969	34.8	8.8	2.3	FPA founde 14,000 wom become the rhythm met has been de

*Local estimate

Year	Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
1970	26.0*	7.8*	1.6*	GOVERNMENT PROGRAMME 1971. Has provided funds to FPA and Action Familiale since 1965. Target to reduce birth rate to 20/1,000 by 1975. FPA founded 1957, IPPF member 1959. Action Familiale, RC group teaching rhythm method. Estimated 25,000 couples following a fp method (orals by far the most popular, 5,000 rhythm method). Government plans to take over all clinic activities by mid-1971. Action Familiale has school sex education programme since 1967. Birth rate has declined from 40.4 in 1958 to 26.0 in 1970. UNFPA support for new government programme. UK aiding fp evaluation. IPPF, Pathfinder Fund and SIDA also assist.
1962	46.1	18.7	2.9	GOVERNMENT PROGRAMME since 1965, includes fp in MCH. Target is to reduce birth rate 10% by 1972. FPA founded 1971 to concentrate on education/motivation programme. There are 152 centres offering fp to 1–1.5% of women 15–44. IPPF, USAID, Population Council, Ford Foundation and SIDA assist with equipment, training, supplies and research.
–	–	–	1.4	No organized fp activities.
1959–1960	52.0	27.0	2.7	No organized fp activities. Population Council funds for KAP survey 1970–1971. Limited CWS assistance.
1970	50.0*	25.0*	2.5*	GOVERNMENT PROGRAMME to integrate fp into health services as part of 1970–1974 Development Plan. FPA founded 1964, IPPF member 1967. FPA serves 675 acceptors a month. Some State Governments and 21 mission hospitals have also been offering fp services. IPPF, Ford Foundation, Population Council, UNFPA and Pathfinder Fund assist.
–	–	–	–	No organized fp activities.
1969	34.8	8.8	2.3	FPA founded 1966, is wholly financed by government. More than 14,000 women are following a fp method. Depo-Provera has become the most commonly used method. An RC group teaches rhythm method. Abortion is common although illegal. Birth rate has been declining since 1967.

AFRICA

Country	*Population (1969 estimate)*	*Rates (per 1,000)* *Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*
Rhodesia	5,090,000	1962	–	–	3.2
Rwanda	3,500,000	1957	52.0	13.7	3.0
Senegal	3,780,000	1960–1961	43.3	16.7	2.2
Seychelles	51,000	1968	34.8	10.8	2.2
Sierra Leone	2,512,000	1965	43.6	18.6	1.5
Somali Republic	2,730,000	–	–	–	2.7
South Africa	19,618,000	1969	40.0	16.0	2.4
South West Africa (Namibia)	615,000	–	–	–	1.8
Sudan	15,186,000	1956	51.7	18.5	2.8
Swaziland	410,000	1965–1966	36.9	–	3.0

ion mate)	Year	Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
000	1962	–	–	3.2	Government gives some support to fp, FPA founded 1957. Mission hospitals provide fp services. FPA and government health centres serve about 1,200 acceptors a month. FPA has a sex education programme.
000	1957	52.0	13.7	3.0	Government opposed to fp. Limited work done by some private doctors has been curtailed.
000	1960–1961	43.3	16.7	2.2	Government supports idea of fp. FPA founded 1970: clinic in Dakar serving 20 acceptors a month. Pathfinder Fund supports fp work of private MCH clinic, Dakar. IPPF has assisted.
000	1968	34.8	10.8	2.2	Government interest growing. Three fp clinics are run by IPPF sponsored doctor, serving 500 patients a month. Birth rate has fallen 5% in last 5 years.
000	1965	43.6	18.6	1.5	Government attitude is cautious approval. FPA founded 1960, IPPF member 1968. 3 clinics serving 35 acceptors per month. UNFPA grant to FPA for training and IPPF assistance.
000	–	–	–	2.7	No organized fp activities.
000	1969	40.0	16.0	2.4	Government supports work of FPA which was founded 1932, IPPF member 1953. Clinics in all provinces serve over 2,500 acceptors a month.
000	–	–	–	1.8	No organized fp activities.
000	1956	51.7	18.5	2.8	Government supports fp as part of MCH. FPA founded 1965, IPPF member 1970, runs 6 clinics in 3 cities all in government health centres. Sudan Medical Association, Khartoum Nursing College and University of Khartoum assist in instructing fp volunteers and clients. IPPF assistance.
000	1965–1966	36.9	–	3.0	Government interest in fp is growing. Some individual doctors give fp advice.

Country	*Population (1969 estimate)*	*Rates (per 1,000)* *Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Tanzania	13,273,000*	1967	47.0	22.0	2.7*	Go FI go Co
Togo	1,815,000	1961	55.0	29.0	2.5	Go Ur
Tunisia	5,027,000	1959	47.0	26.0	2.2	Go bi 34 m us Po fa US go
Uganda	9,500,000	1959	42.0	20.0	2.2	Go 19 17 an Po
United Arab Republic	32,501,000	1969	36.8	14.4	2.5	Go bi 19 12 ca FI
Upper Volta	5,278,000	1960–1961	53.0	35.0	2.1	No
Zambia	4,208,000	1963	51.4	19.6	3.1	Go in Co Pa

*Local estimate

Rates (per 1,000) Births	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
47.0	22.0	2.7*	Government supports fp. FPA founded 1959, IPPF member 1969. FPA serves average 575 acceptors a month. Some clinics run in government hospitals by government personnel. IPPF, Population Council, and SIDA assist.
55.0	29.0	2.5	Government is uncommitted. Individual doctors give fp advice. Unitarians support fp education.
47.0	26.0	2.2	GOVERNMENT PROGRAMME since 1964. Target to reduce birth rate to 38/1,000 by 1976. Fp offered as part of MCH. 340 centres and 14 mobile units provide fp, 870 IUD acceptors per month, 200 female sterilizations per month and 6,300 women using pill by March 1970. FPA founded 1968, IPPF member 1969. Population Council assisting in development of curriculum for family life education. IPPF, Ford Foundation, Population Council, USAID, SIDA, Netherlands government, UNFPA, German government, IBRD, WHO, Peace Corps assist.
42.0	20.0	2.2	Government attitude is cautious. FPA founded 1957, IPPF member 1964. FPA clinics including some run in government premises serve 170 acceptors a month. Makerere Medical School and Protestant and Catholic Medical Bureaux also provide fp services. IPPF, Population Council, Pathfinder Fund and DANIDA assist.
36.8	14.4	2.5	GOVERNMENT PROGRAMME since 1965. Target is to reduce birth rate to 30/1,000 by 1978. FPA founded 1958, IPPF member 1963. Fp available in 2,760 clinics (360 FPA run), by end of 1969, 127,000 IUD acceptors and 376,000 using orals. Family life educational material is beginning to be introduced into curriculum by FPA. IPPF and UNFPA provide assistance.
53.0	35.0	2.1	No organized fp activities. Some individual doctors give advice.
51.4	19.6	3.1	Government uncommitted, but more favourable attitudes developing. Some local officials interested, particularly Lusaka City Council where fp offered in local clinics. Ford Foundation, Pathfinder Fund and IPPF have provided some assistance.

America

		North America	South America
Population	1960	199,000,000	213,000,000
Population	1969	224,000,000	276,000,000
Population growth rate	1963–1969	1.2%	2.9%
Birth rate	1963–1969	19 per 1,000	40 per 1,000
Death rate	1963–1969	9 per 1,000	11 per 1,000

Population growth in North America has been steady but not excessive; expanding social and economic facilities and increasing production and productivity have together maintained and raised the average standard of living for the growing population.

In the less developed countries of South and Central America and the Caribbean, rapid population growth is a major problem. At present, only Argentina, Cuba, Jamaica and Uruguay remain outside the regional pattern of high fertility, a rapid population growth rate, and a large percentage of population in the young age groups. The national economies do not offer enough productive employment opportunities to absorb the growing labour force, and consequently, unemployment is a serious problem, particularly in urban areas. A growing proportion of the population is marginally employed, in non-productive, service activities.

As a result of extensive internal migration, Latin America's population is becoming increasingly urban. Both in the cities, with their sprawling shanties, and in the isolated rural areas, new social infrastructure must be created to meet the population's health, welfare and educational needs. Despite a growing level of social investment, it is not meeting the basic needs of the present rates of population growth.

North America was one of the first areas to pioneer family planning and today, services and facilities are widely available, through private and official programmes. However, in Latin America, awareness of the population problem is relatively recent. Concern for mother and child health, and for the high illegal abortion rate, led a number of professional and medical groups to form private family planning organizations. Following the agitation and activities of the private family planning associations, several governments have become actively interested in the subject. Today there are 30 private associations and in 24 countries the Government is operating its own official programme or unofficially assisting the private association. Government activity tends to focus on the provision of clinical services, while the family planning associations are developing specialized information and education activities. As Latin America is predominantly, and formally, Roman Catholic, family planning is presented as a measure for family health and welfare rather than for population limitation. A wide public debate on family planning and contraceptives developed after the Papal Encyclical in 1968, but it does not seem that the pronouncement is a deterrent, either to the extension of family planning, or to the commitment of governments. Stronger opposition to family planning comes from the nationalist political groups of the extreme right and left.

AMERICA

Country	*Population (1969 estimate)*	*Rates (per 1,000)* *Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Argentina	23,983,000	1960–1965	22.3	8.9	1.5	No go 1969. app. 5 aborti suppo resear
Bahamas	195,000	1968	22.6	5.8	1.7	No go inform
Barbados	254,000	1969	20.0*	9.0	1.1	No go suppo and 3 59% v 1,000 introd Popul
Bermuda	52,000	1968	19.4	8.0	1.9	Fp se Healt Fp is 1,000 privat
Bolivia	4,804,000	1960–1965	43–45	20–22	2.6	No go up Na Limit and i Fund
Brasil	90,840,000	1960–1965	41–43	10–12	3.0	No g 1967 IUD, Assis Pathf
British Honduras	120,000	1968	40.2	6.1	3.2	No o

*Local estimate

n ate)	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
00	1960–1965	22.3	8.9	1.5	No government programme. FPA founded in 1966, IPPF member 1969. By 1970 was operating over 40 clinics. Acceptors in 1968: app. 55,000, majority choosing orals or IUD. Limited therapeutic abortion is legal; rate of illegal abortion is high. FPA receives IPPF support. Ford Foundation and Population Council grants for research and training.
00	1968	22.6	5.8	1.7	No government programme. FPA founded in 1965. No further information is available.
00	1969	20.0*	9.0	1.1	No government programme but FPA receives government financial support. FPA founded in 1955, IPPF member 1957. Has 14 clinics and 3 mobile units. Acceptors in 1969: 2,363, app. 39% orals, 59% vaginal methods, 2% IUD. Fall in birth rate from 32.5 per 1,000, 1950, to 20.0, 1969. With advice of SIECUS, FPA is to introduce sex education programme into schools. USAID and Population Council assistance. Barbados is Caribbean Centre for fp.
00	1968	19.4	8.0	1.9	Fp services available since 1937 through Government Medical and Health Department which is a member of IPPF. There is no FPA. Fp is integral part of health service. Fall in birth rate from 31 per 1,000 (1950) to 19.4 per 1,000 (1968). Government supports privately run Youth Health Education Development Programme.
00	1960–1965	43–45	20–22	2.6	No government programme and no FPA. In 1968, Government set up National Family Centre to propose projects for a fp programme. Limited fp services provided by private physicians. High abortion and infant mortality rates. Assistance from USAID, Pathfinder Fund, CWS, World Neighbors and Oxfam.
00	1960–1965	41–43	10–12	3.0	No government programme. FPA founded 1965, IPPF member 1967. By 1970, had 50 clinics. Acceptors in 1968: 19,859 33% IUD, 64% orals. Abortion illegal and rate of abortion high. Assistance from IPPF, Ford Foundation, Population Council, Pathfinder Fund, Oxfam, CWS, World Neighbors.
00	1968	40.2	6.1	3.2	No organized fp activities.

Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Canada	21,089,000	1969	17.6	7.3	1.8	No governm activities sin and fp activi member, 19 and hospital Therapeutic
Chile	9,566,000	1960–1965	34–36	11–12	2.4	GOVERNM IPPF membe training in d FPA clinics. and app. 15% activities ove illegal aborti instruction. and Ford Fo Reference B
Colombia	20,463,000	1960–1965	41–44	12–14	3.2	GOVERNM IPPF membe Medicine co grant. In mi Acceptors in sterilization regular cours Ford and Ro World Neigh
Costa Rica	1,695,000	1960–1965	44–46	8.9	3.4	GOVERNM IPPF membe Centre of So responsible f services in 7 vate doctors IUDs and 77 include sex e from IPPF, F
Cuba	8,250,000	1960–1965	34–36	8.9	2.2	Fp is part of phragms used

Year	Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
1969	17.6	7.3	1.8	No government programme but financial support to provincial fp activities since 1970. Since 1970, aid from CIDA for population and fp activities in developing countries. FPA founded, IPPF member, 1963. In 1969, fp services available at 38 centres (clinics and hospitals). Orals, IUDs, condoms, most popular methods. Therapeutic abortion legal.
1960–1965	34–36	11–12	2.4	GOVERNMENT PROGRAMME since 1967. FPA founded in 1962, IPPF member 1963. CELADE in Santiago carries out research and training in demography. By early 1970, 173 government and 13 FPA clinics. Acceptors in Jan–Sept 1969: 89,962–app. 33% IUD and app. 15% orals. 1970 target of 35% increase of clinical activities over 1969. Therapeutic abortion legal and high rate of illegal abortions. FPA organizes sex education training and instruction. Assistance from IPPF, Population Council, Rockefeller and Ford Foundations, Pathfinder Fund, USAID, and Population Reference Bureau.
1960–1965	41–44	12–14	3.2	GOVERNMENT PROGRAMME since 1967. FPA founded 1966, IPPF member 1968. Colombian Association of Faculties of Medicine contributes to training and research, with government grant. In mid 1970 31 FPA clinics as well as government services. Acceptors in 1969: 43,446–80% IUDs, 11% orals. FPA provides sterilization services. Rate of illegal abortion is high. FPA runs regular courses in sex education. Assistance from IPPF, PAHO, Ford and Rockefeller Foundations, Population Council, CWS, World Neighbors, SIDA and UNESCO.
1960–1965	44–46	8.9	3.4	GOVERNMENT PROGRAMME since 1968. FPA founded in 1966, IPPF member 1967. Runs joint fp programme with government. Centre of Social and Population Studies of University of Costa Rica responsible for training. FPA runs 3 clinics. Government provides services in 77 of its health centres as part of MCH Service. 67 private doctors offer fp services. Acceptors in 1969: 11,059, app. 18% IUDs and 77% orals. High abortion rate. By 1972 is planned to include sex education in public schools' curriculum. Assistance from IPPF, PAHO, Ford Foundation, SIDA, CWS, and USAID.
1960–1965	34–36	8.9	2.2	Fp is part of National Health Service. No FPA. IUDs and diaphragms used: orals are unavailable. Abortion is legal.

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Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*
Dominican Republic	4,174,000	1960–1965	45–48	14–16	3.6
Ecuador	5,890,000	1960–1965	47–50	13–15	3.4
El Salvador	3,390,000	1960–1965	47–49	14–16	3.7
Grenada	95,000*	1968	29.0	8.0	2.1
Guadeloupe	323,000	1969	29.6	7.5	1.4
Guatemala	5,014,000	1960–1965	46–48	18–20	3.1

*1970

tion timate)	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
,000	1960–1965	45–48	14–16	3.6	GOVERNMENT PROGRAMME since 1968. FPA founded in 1966, IPPF member 1969. Co-operates with government to provide fp services within MCH Service. FPA runs 2 clinics and government 10 (1969). Acceptors in 1968: 4,203–IUD most popular method. Institute of Sex Education runs large number of courses. High abortion rate. Assistance from IPPF, USAID, UKODA, Pathfinder Fund, and CWS.
,000	1960–1965	47–50	13–15	3.4	No official government programme but Department of Rural Health and Population is beginning to provide fp services. 3 Centres for Population Studies were set up for research and training. FPA founded in 1966, IPPF member 1967. Runs 5 clinics, and assists 28 others. Acceptors in 1967: 8,179–87% IUDs, 13% orals. High abortion rate. Assistance from IPPF, USAID, Pathfinder Fund, Population Council, Ford Foundation, World Neighbors and PAHO.
,000	1960–1965	47–49	14–16	3.7	GOVERNMENT PROGRAMME initiated in 1968. FPA founded in 1966, IPPF member 1969. Runs 31 clinics. Government provides fp services in 60 clinics and 4 Social Security Clinics. FPA acceptors in Jan–June 1969: 10,540–29% IUDs and 68% orals. Abortion and sterilization are legal. Is planned to introduce sex education into regular school curriculum. Assistance from IPPF, USAID, Population Council, SIDA, Pathfinder Fund and CWS.
,000*	1968	29.0	8.0	2.1	No government programme. Government co-operates with FPA through facilities and personnel. FPA founded 1964, and runs 6 clinics. Acceptors 1969 1,550, majority using orals. Abortion illegal. Significant drop in birth rate since 1960 (45.4 per 1,000). With government support, FPA plans to introduce sex education into public schools. Assistance from IPPF and Oxfam.
,000	1969	29.6	7.5	1.4	Government supports FPA activities. FPA founded 1964 and runs 2 clinics. Acceptors in July–Dec 1968: 1,032–70% orals, 20% IUDs. FPA is affiliated to French FPA.
,000	1960–1965	46–48	18–20	3.1	GOVERNMENT PROGRAMME since 1969. FPA founded in 1962, IPPF member 1969. 39 Government, 4 FPA and 3 private clinics. Acceptors 1968: 9,591. Orals most preferred method. FPA provides sex education for school groups; is planned to co-ordinate Government and FPA activities in this field. Assistance from IPPF, SIDA, Pathfinder Fund, World Neighbors, CWS, and Population Council.

Country	*Population (1969 estimate)*	*Rates (per 1,000)* *Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Guyana	742,000	1960–1965	40–41	9–10	3.1	No orga and a fe
Haiti	4,768,000	1960–1965	45–50	20–24	2.0	GOVER ing servi FPA, pr preferre IPPF, P Neighbo
Honduras	2,495,000	1960–1965	47–50	15–17	3.4	GOVER IPPF mé 1969, a in rural orals. T Populati Canada.
Jamaica	1,959,000	1960–1965	39–40	8–9	2.4	GOVER IPPF me Nationa in 1968 motivate since 19 lum is b Populati Founda
Martinique	332,000	1969	26.6	7.6	1.6	No orga
Mexico	48,933,000	1960–1965	44–45	10–11	3.5	No gove FPA's e Associat with 28 in 1969 slow dec Assistan Fund, P

e)	*Rates (per 1,000)* Year	Births	Deaths	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
	1960–1965	40–41	9–10	3.1	No organized fp activities. Services provided by one hospital clinic and a few private doctors. Assistance from IPPF.
	1960–1965	45–50	20–24	2.0	GOVERNMENT PROGRAMME announced in 1969 and is expanding services with PAHO technical advice. FPA founded 1968. 30 FPA, private and missionary clinics offer fp services; IUD most preferred method; (orals often not available). Assistance from IPPF, PAHO, Pathfinder Fund, Population Council, CWS, World Neighbors, and Oxfam of Canada.
	1960–1965	47–50	15–17	3.4	GOVERNMENT PROGRAMME since 1966. FPA founded 1961, IPPF member 1965. Government had 28 fp clinics at the end of 1969, and ran mobile rural health programme to provide fp services in rural areas. FPA runs 4 clinics. Acceptors in 1968 3,008–75% orals. Therapeutic abortion legal. Assistance from IPPF, USAID, Population Council, CARE, Pathfinder Fund, and Oxfam of Canada.
	1960–1965	39–40	8–9	2.4	GOVERNMENT PROGRAMME since 1966. FPA founded 1957, IPPF member the same year. FPA runs 2 clinics. Government's National fp Board provides services through 150 clinics. Acceptors in 1968: 19,000–majority orals. It is planned increasingly to motivate men. Abortion illegal. Birth rate has declined slowly since 1960. Sex education a growing activity and school curriculum is being prepared. Assistance from IPPF, USAID, IBRD, Population Council, Pathfinder Fund, CWS, Ford and Rockefeller Foundations.
	1969	26.6	7.6	1.6	No organized fp activities.
	1960–1965	44–45	10–11	3.5	No government programme but some informal cooperation in FPA's expansion. FPA founded 1965, IPPF member 1967. Association for Maternal Health also provides fp services. 6 clinics with 28,000 patients in 1968. 35 FPA clinics with 20,156 acceptors in 1969. 36% injections, 33% orals. Therapeutic abortion legal: slow decline in abortion rate. FPA provides sex education courses. Assistance from IPPF, Ford and Rockefeller Foundations, Pathfinder Fund, Population Council, CWS and Oxfam of Canada.

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Country	*Population (1969 estimate)*	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Montserrat	15,000	1969	18.4*	9.4	1.6	Government g 1966. 3 clinic from 25.1, 19
Netherlands Antilles	218,000	1968	23.0	5.0	1.3	No governmen support. FPA are provided.
Nicaragua	1,915,000	1960–1965	47–50	14–16	3.7	GOVERNMEN National Instit services and fa centres. 1971 ment and othe Population Co
Panamá	1,417,000	1960–1965	41–42	10–11	3.3	GOVERNMEN of Health Min 5 clinics with education teac Fund, PAHO,
Paraguay	2,303,000	1960–1965	42–45	12–14	3.2	No governmen 1969. 11 clin and 30% orals Pathfinder Fu
Perú	13,172,000	1960–1965	44–45	12–14	3.1	GOVERNME in 1969, IPPF ment Studies studies. FPA education at i Population Co Rockefeller F
Puerto Rico	2,754,000	1968	25.1	5.6	1.5	GOVERNME IPPF member to be fully int tors in 1967: declined; was OEO, USAID

*Local estimate

ation timate)	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
,000	1969	18.4*	9.4	1.6	Government gives financial and other support to fp. FPA founded 1966. 3 clinics with 40 acceptors in 1969. Decline in birth rate from 25.1, 1963, to 18.4, 1969.
,000	1968	23.0	5.0	1.3	No government programme but FPA operates with some government support. FPA founded in 1965. 1 central clinic and rural services are provided. Assistance from IPPF.
,000	1960–1965	47–50	14–16	3.7	GOVERNMENT PROGRAMME since 1967. FPA founded in 1970. National Institute of Social Security and Moravian Mission provide services and facilities. Fp services offered in 39 government health centres. 1971-plan to co-ordinate all fp activities of FPA, government and other groups. Assistance from IPPF, USAID, SIDA, Population Council, Pathfinder Fund, UKODA and CARE.
,000	1960–1965	41–42	10–11	3.3	GOVERNMENT PROGRAMME created in 1969 within MCH Dept. of Health Ministry. FPA founded 1965, IPPF member 1969. 5 clinics with 1,225 acceptors. FPA and government train sex education teachers. Assistance from IPPF, USAID, Pathfinder Fund, PAHO, and Population Council.
,000	1960–1965	42–45	12–14	3.2	No government programme. FPA founded in 1966, IPPF member 1969. 11 clinics with 1,931 acceptors in 1969; app. 60% IUDs and 30% orals. Abortion illegal. Assistance from IPPF, USAID, Pathfinder Fund, CWS and World Neighbors.
,000	1960–1965	44–45	12–14	3.1	GOVERNMENT PROGRAMME announced in 1968. FPA founded in 1969, IPPF member 1970. Centre for Population and Development Studies set up by government in 1964, to promote population studies. FPA has 4 clinics. Abortion illegal. FPA provides sex education at its centres. Assistance from IPPF, Ford Foundation, Population Council, Pathfinder Fund, CWS, World Neighbors, and Rockefeller Foundation.
,000	1968	25.1	5.6	1.5	GOVERNMENT PROGRAMME since 1967. FPA founded 1954, IPPF member same year. 1970–71 government and private activities to be fully integrated. All 76 municipalities have fp services. Acceptors in 1967: 30,894–app. 68% orals, 12% IUDs. Birth rate has declined; was 32.3 in 1960. Assistance from IPPF, US Federal OEO, USAID, Ford Foundation, and Population Council.

Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
St. Kitts, Nevis, Anguilla	56,000	1968	24.1	7.9	0.2	No governm runs 3 clinic
St. Lucia	110,000	1966	41.4	7.1	2.7	Governmen activities. F Acceptors i education.
St. Vincent	95,000	1966	42.2	9.3	2.0	Governmen FPA founde at governme cational pro
Surinam	389,000	1966	40.9	6.5	3.5	No governn clinic. Acce developing Pathfinder
Trinidad and Tobago	1,040,000	1960–1965	37–39	8.0	2.0	GOVERNM acceptors p. more men. and 28 gove Ministry of Assistance f and Oxfam
Uruguay	2,852,000	1960–1965	24–25	9.0	1.2	No governm same year. 8 clinics in 8,000—mai 3 per live bi Assistance f Council and

Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
24.1	7.9	0.2	No government programme or support. FPA founded in 1966 and runs 3 clinics.
41.4	7.1	2.7	Government has no programme but provides facilities for fp activities. FPA set up in 1967, has 1 clinic and a mobile unit. Acceptors in 1969: 1,136–27% orals. FPA provides some sex education. Assistance from IPPF, and Pathfinder Fund.
42.2	9.3	2.0	Government financial support and provision of facilities since 1967. FPA founded in 1966 and runs 1 clinic. Fp services also available at government health centres. Public Health Educator runs educational programme. Assistance from IPPF, Oxfam and USAID.
40.9	6.5	3.5	No government programme. FPA founded in 1968, and runs 1 clinic. Acceptors in 1968: 1,815, mainly IUDs and orals. FPA is developing sex education programme. Assistance from IPPF, and Pathfinder Fund.
37--39	8.0	2.0	GOVERNMENT PROGRAMME since 1967. Target is 20,000 acceptors p.a. over period 1968–1972, aiming in particular to reach more men. FPA founded in 1961, IPPF member same year. 8 FPA and 28 government clinics. Acceptors in 1969: 8,052–76% orals. Ministry of Education is developing a sex education programme. Assistance from IPPF, SIDA, Population Council, UKODA, PAHO and Oxfam of Canada.
24–25	9.0	1.2	No government programme. FPA founded in 1961, IPPF member same year. Hospital de Clinicas also provides fp services. FPA runs 8 clinics in capital, and rural programmes. Acceptors in 1968: 8,000–mainly IUDs. Abortion illegal: abortion rate estimated at 3 per live birth. FPA runs extensive sex education programme. Assistance from IPPF, USAID, Pathfinder Fund, Population Council and Ford Foundation.

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Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*
United States of America	203,216,000	1969	17.7	9.5	1.2
Venezuela	10,035,000	1960–1965	46–48	9–10	3.5

*IPPF member April 1971

ion mate)	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
000	1969	17.7	9.5	1.2	Since 1965 fp services provided by some federal tax supported public agencies. In 1970 Federal Government approved 3 year programme. Target is to reach 5.3 million women defined as indigent. FPA founded in 1917, IPPF member 1952. 625 affiliated clinics. In 1968 total of 1,390,000 patients served in FPA and government facilities. Majority chose orals. 9 clinics are doing sterilizations. Abortion is legal in 4 states. Extensive sex education work is carried out; chief organization is SIECUS. IPPF Western Hemisphere Region Office in New York. USA is major donor country, through IPPF, USAID, and many private foundations e.g. Ford Foundation, Pathfinder Fund, Population Council and Rockefeller Foundation.
000	1960–1965	46–48	9–10	3.5	GOVERNMENT PROGRAMME initiated in 1964. FPA founded in 1966.* Maternidad Concepcion Palacios (MCP) hospital provides fp services. Government and FPA have 83 clinics; from 1968 to June 1969, FPA served 19,551 new acceptors: app. 65% IUDs, 31% orals. In 1968, MCP hospital served 4,754 new acceptors. Therapeutic abortion legal. Private Association for Family and Sex Education is developing sex education. Assistance from IPPF, Ford Foundation, Pathfinder Fund, Population Council and USAID.

Asia

		Asia	USSR
Population	1960	1,660,000,000	214,000,000
Population	1969	1,988,000,000	240,000,000
Population growth rate	1963–1969	2.1%	1.1%
Birth rate	1963–1969	37 per 1,000	19 per 1,000
Death rate	1963–1969	16 per 1,000	7 per 1,000

Nearly 40 million people are born in Asia every year. Although the population growth rate of Asia is lower than that of Latin America and Africa, the contribution of this continent to the world's population is the largest in absolute numbers. Over the last 20 years the birth rate has remained constant, but due to increasing availability of medical facilities, mortality rates have declined, and population growth rates thus gradually increased to 2.3% by the mid-sixties. In practical terms, this high growth rate has meant that any increase in a country's economic resources has had to be devoted, not to raising standards of living but to providing support for larger numbers of both young and old dependents. Governments are now facing severe problems of unemployment, land fragmentation, unplanned urban growth, increasing inequalities of income, and insufficient food.

Voluntary family planning organizations have played an important role in making governments aware of the implications of rapid population growth, and many governments have now taken the first steps towards tackling the problem. Before 1950 only three countries in Asia had family planning programmes. Today a total of 24 countries are served by family planning associations, 15 governments are now committed to a national policy of family planning, and a further 4 governments support the family planning activities of private organizations. However, the countries of the Near East have only recently begun to take any interest in family planning.

As more governments begin to provide clinic facilities, and to include family planning in health programmes, the associations are taking the lead in stimulating research in population education courses in schools and for adults. In motivation/education programmes, the mass media have been widely used by governments and associations. The Governments of India, Indonesia, Malaysia and Pakistan, in collaboration with the local associations, have formed ambitious training programmes for fieldworkers and other family planning personnel. Considerable research and evaluation is being carried out in these countries to determine future policies by studying the impact of existing family planning programmes. Due to the success of abortion as a birth control method in Japan, and the high illegal abortion rates, some Asian countries are giving serious consideration to liberalizing their abortion laws. The wide-spread use of the IUDs and orals, which many Asian countries are now manufacturing locally, has contributed to the decline in the birth rates of Taiwan, Hong Kong, Korea and Singapore.

ASIA

Country	*Population (1969 estimate)*	*Rate (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*
Afghanistan	16,516,000	–	–	–	2.1
Bahrein	207,000	–	–	–	3.3
Bhutan	770,000	–	–	–	–
Brunei	116,000	1968	43.9	6.4	3.6
Burma	26,980,000	1955	50.0	35.0	2.2
Cambodia	6,701,000	1962	50.0	19.7	2.2
Ceylon	12,240,000	1968	31.8	7.9	2.4
China (Mainland), People's Republic of	740,000,000	1957	34.0	11.0	1.4
China (Taiwan), Republic of	13,800,000	1969	25.2	5.2	2.8

lation stimate)	*Rate (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
6,000	–	–	–	2.1	Government supports the FPA which was founded in 1968. Afghan Women's Welfare Society also assists. FPA has 10 clinics. Acceptors to May 1970: 10,731. FPA developing sex education programme. Assistance from: IPPF, Pathfinder Fund, Population Council, USAID and WHO.
7,000	–	–	–	3.3	No organized fp activities.
0,000	–	–	–	–	No organized fp activities.
6,000	1968	43.9	6.4	3.6	No organized fp activities but advice available privately.
0,000	1955	50.0	35.0	2.2	Government reluctant to adopt fp programme. FPA founded in 1960. No progress in fp expected until change in policy.
1,000	1962	50.0	19.7	2.2	No organized fp activities. Orals available privately. French anti-contraceptive legislation of 1920 still exists and abortion is illegal.
0,000	1968	31.8	7.9	2.4	GOVERNMENT PROGRAMME since 1965. Target to reduce birth rate to 25 per 1,000 and growth rate to 1.7% by 1975. FPA founded 1953, IPPF member 1954. Government and FPA clinics total 435. Acceptors to end of 1969: 160,000–51% orals. Birth rate decreased by 20% between 1953–68. Plans for sex education. Assistance from IPPF, Population Council, Pathfinder Fund, SIDA, Oxfam and UN.
0,000	1957	34.0	11.0	1.4	GOVERNMENT PROGRAMME since 1957. Target in 1964 was to reduce growth rate to 1% by 2,000. All methods of family limitation including raising the age of marriage. Fp is part of MCH and is taken to rural areas by "bare-foot doctors". Abortion legalized in 1957. Massive family planning education campaign.
0,000	1969	25.2	5.2	2.8	GOVERNMENT PROGRAMME since 1964, policy announced in 1968. Target to reduce birth rate to 24 per 1,000 and growth rate to 1.9% by 1973. Two FPAs, one founded in 1953 and the other in 1954. Mobile clinics widely used. Clinic attendances to Sept 1970: 741,311. Abortion legal on medical grounds. Natural increase rate decreased from 3% in 1963 to less than 2.3% by the end of 1969. Population education under consideration. Assistance from Population Council, Ford Foundation, Pathfinder Fund, CWS, USAID and Japan. University of Michigan Population Studies Center engaged in research.

Country	*Population (1969 estimate)*	*Year*	*Rate (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Hong Kong	3,990,000	1969	20.7	4.8	2.2	Gove mem Clini 11% 1,000 birth mate scho Pathf Servi Mich
India	536,984,000	1951–1961	41.7	22.8	2.5*	GOV rate t foun centr izatio 1969 educ IPPF Pathf SIDA Regi
Indonesia	116,000,000	1962	43.0	21.4	2.5	GOV accep mem 1969 Deve Popu Neth
Iran	27,892,000	1966	50.0*	18.0*	3.0	GOV IPPF 1969 on m curri
Iraq	8,840,000	1967	19.0	4.1	2.4	FPA unive

*Local estimate

Rate (per 1,000) Year	Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
969	20.7	4.8	2.2	Government supports the FPA which was founded in 1936, IPPF member 1952. 54 clinics, mostly in government health centres. Clinic attendances to Dec 1970: 538,087–60% orals, 13% IUDs, 11% condoms, 16% others. Birth rate decreased from 35.5 per 1,000 in 1961 to 20.7 per 1,000 in 1969. Aim is to maintain the birth rate at 20 per 1,000 up to 1976. FPA provides sex education material, arranges family life education courses and plans to prepare school syllabuses. Assistance from IPPF, Population Council, Pathfinder Fund, CWS, Oxfam, CARE, USAID, American Friends Service Cttee and Unitarian Service Cttee of Canada. University of Michigan Population Studies Center engaged in research.
951–961	41.7	22.8	2.5*	GOVERNMENT PROGRAMME since 1951. Target to reduce birth rate to 25 per 1,000 and growth rate to 1.5% by 1978–79. FPA founded 1949, IPPF member 1952. Nearly 50,000 government fp centres. 52 FPA and approximately 400 other voluntary organizations' clinics. 7.8 million eligible couples protected to end of 1969. Bill before parliament to legalize abortion. Population education being introduced in school curriculum. Assistance from IPPF, Ford Foundation, Population Council, Rockefeller Foundation, Pathfinder Fund, World Neighbors, CWS, WAY, CARE, USAID, SIDA, NORAD, DANIDA, Japan and UN. IPPF Indian Ocean Regional Office in Bombay.
962	43.0	21.4	2.5	GOVERNMENT PROGRAMME since 1968. Target 6 million acceptors and 2,450 fp clinics by 1976. FPA founded 1957, IPPF member 1967. 1,565 government and FPA clinics. Acceptors to 1969: 66,800–app. 50% IUD. Abortion legal on medical grounds. Developing fp education programme. Assistance from IPPF, Population Council, Ford Foundation, CWS, SIDA, USAID, Japan, Netherlands and UN.
966	50.0*	18.0*	3.0	GOVERNMENT PROGRAMME since 1967. FPA founded 1965, IPPF member 1971. 1,330 clinics. Clinic attendances to end of 1969: 123, 644–82% orals. Sterilization illegal. Abortion legal on medical grounds. Sex education being introduced in school curriculum. Assistance from IPPF, Population Council and UN.
967	19.0	4.1	2.4	FPA formed October 1970. Plans to establish 4 clinics in 3 university cities.

ASIA

Country	*Population (1969 estimate)*	*Year*	*Rate (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Israel	2,822,000	1969	26.1	6.8	2.9*	Two FPAs, c illegal but co
Japan	102,721,000	1969	18.3	6.7	1.1	GOVERNM other Asian member the 54% of eligi rhythm. Or provides sex Office in To
Jordan	2,160,000	1959–1963	47.0	16.0	3.2	The governr member 19 All types of illegal. Assi
Korea, Republic of	32,500,000*	1970	29.0*	10.0*	1.9*	GOVERNM birth rate to member the 180 mobile Liberalizati in growth ra being introc Population SIDA, and
Korea, Democratic People's Republic of	13,300,000	1962	41.1	10.8	2.5	No informa
Kuwait	570,000	1968	61.2	6.2	6.6	Governmen
Laos	2,893,000	1965	47.0	23.0	2.4	Governmen in fp activit 6 clinics wi contracepti IPPF and U
Lebanon	2,645,000	1969	28.5	4.6	2.5	Governmen member 19 under revie IPPF Near

*Local estimate

pulation estimate)	*Year*	*Rate (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
822,000	1969	26.1	6.8	2.9*	Two FPAs, one founded in 1932 and the other in 1966. Abortion illegal but common.
721,000	1969	18.3	6.7	1.1	GOVERNMENT PROGRAMME since 1952. Provides assistance to other Asian countries and to IPPF. FPA founded in 1954, IPPF member the same year. Over 832 clinics and 539 MCH centres. 54% of eligible couples practise fp, 50–60% condoms, 30–40% rhythm. Orals and IUDs illegal. Abortion legalized in 1948. FPA provides sex education material. IPPF Western Pacific Regional Office in Tokyo.
160,000	1959–1963	47.0	16.0	3.2	The government has supported the FPA (founded in 1963, IPPF member 1964). Women's Federation of Jordan also has fp clinics. All types of contraceptives available at FPA clinics. Abortion illegal. Assistance from IPPF, Pathfinder Fund, WCC and CARE.
500,000*	1970	29.0*	10.0*	1.9*	GOVERNMENT PROGRAMME since 1962. Target to reduce birth rate to 20 per 1,000 by 1971. FPA founded in 1961, IPPF member the same year. Government and FPA clinics: 205 fixed, 180 mobile. Contraceptive users in 1970: app. 1.3 million. Liberalization of abortion under consideration. Estimated decrease in growth rate from 2.8% in 1963 to 1.9% in 1970. Sex education being introduced in school curricula. Assistance from IPPF, Population Council, Pathfinder Fund, Asia Foundation, Oxfam, SIDA, and USAID.
300,000	1962	41.1	10.8	2.5	No information on fp activities.
570,000	1968	61.2	6.2	6.6	Government favours provisional fp within MCH.
893,000	1965	47.0	23.0	2.4	Government policy to increase population. Now showing interest in fp activities. FPA founded in 1969. Red Cross plays active role. 6 clinics with 400 patient visits in 1969–70. French anti-contraceptive legislation of 1920 still prevails. Assistance from IPPF and USAID.
645,000	1969	28.5	4.6	2.5	Government supports the FPA which was founded in 1969, IPPF member 1970. 3 model clinics. Anti-contraceptive legislation under review. Abortion illegal. Assistance from IPPF and UN. IPPF Near East Regional Office in Beirut.

e

Country	*Population (1969 estimate)*	*Rate (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Malaysia–West Malaysia	9,000,000	1967	35.3	7.5	2.8	GOVERNMEN growth rate to 1961. Governn Acceptors in 19 medical ground in 1967. Devel from IPPF, For Asia and Ocean
Malaysia–Sabah	633,000	1969	42.0	5.1	3.9	No government 7,866 patients programme. As
Malaysia–Sarawak	950,000	1968	29.0	4.8	2.9	Government su fixed clinics wi from IPPF.
Mongolia	1,240,000	1965	40.0	9.7	3.1	No information
Nepal	10,845,000	1961	41.1	20.8	1.8	GOVERNMEN growth rate to 1960. 45 clinic in 1969. FPA p IPPF, Populatio
Okinawa	982,000	1969	21.5	5.0	1.2	Government att the same year. Day Adventist M with 1,061 acce illegal under 19 is illegal. Assist
Pakistan	111,830,000	1965	49.0	18.0	2.1	GOVERNMEN rate to 33.2 per 1954. All Pakis in fp activities. prevented in 19 Assistance from Rockefeller Fou

Year	Rate (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
1967	35.3	7.5	2.8	GOVERNMENT PROGRAMME since 1966. Target to reduce the growth rate to 2% by 1985. FPA founded 1958, IPPF member 1961. Government and FPA clinics: 379 fixed, 415 mobile. Acceptors in 1969: 129,258–94.5% orals. Abortion legal on medical grounds. Birth rate decreased from 43.3 in 1957 to 35.3 in 1967. Developing family life education programme. Assistance from IPPF, Ford Foundation, SIDA and the UN. IPPF South-east Asia and Oceania Regional Office in Kuala Lumpur.
1969	42.0	5.1	3.9	No government programme. FPA founded in 1967. 10 clinics with 7,866 patients in 1969–90% orals and 5% IUDs. No sex education programme. Assistance from IPPF.
1968	29.0	4.8	2.9	Government supports the FPA which was founded in 1962. 25 fixed clinics with 45,577 patients in 1969–91% orals. Assistance from IPPF.
1965	40.0	9.7	3.1	No information on fp activities.
1961	41.1	20.8	1.8	GOVERNMENT PROGRAMME since 1966. Target to reduce growth rate to 1% by 1985. FPA founded in 1958, IPPF member 1960. 45 clinics with 38,225 IUD, oral pill and vasectomy patients in 1969. FPA provides sex education material. Assistance from IPPF, Population Council, USAID, Japan and UN.
1969	21.5	5.0	1.2	Government attitude favourable. FPA founded 1965, IPPF member the same year. Japan Association for Maternal Welfare and Seventh Day Adventist Medical Centre also provide fp services. 3 clinics with 1,061 acceptors in the first six months of 1970. IUD and orals illegal under 1931 Japanese Harmful Contraceptive Law. Abortion is illegal. Assistance from IPPF.
1965	49.0	18.0	2.1	GOVERNMENT PROGRAMME since 1960. Target to reduce birth rate to 33.2 per 1,000 by 1975. FPA founded 1953, IPPF member 1954. All Pakistan's Women's Association and Red Cross engaged in fp activities. 1,843 fixed and 102 mobile clinics. 3 million births prevented in 1965–1970. Planning family life education programme. Assistance from IPPF, Population Council, Ford Foundation, Rockefeller Foundation, SIDA, Netherlands, UKODA and UNFPA.

ASIA

Country	*Population (1969 estimate)*	*Rate (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
Philippines	37,158,000	1970	45.0*	11.0*	3.4*	GC FP am int 19 tra As Ro Pa
Saudi Arabia	7,200,000	–	–	–	1.6	No fp
Sikkim	191,000	1954	28.8	15.9	2.0	No
Singapore	2,017,000	1969	22.2*	5.1	2.1	GC rat 19 ora 19 De fro SI
Syria	5,866,000	1968	33.4	4.4	2.8	No
Thailand	37,738,000	1964	46.0	12.9	3.1	GC 2. in th 22 so fro Fo U
Turkey	35,666,549†	1969	39.0†	14.0†	2.5	GC gr 19 ac le SI

*Local estimate †1970 Population Census results

...on ...nate)	Year	Rate (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
...00	1970	45.0*	11.0*	3.4*	GOVERNMENT PROGRAMME since 1970. Two voluntary FPAs–one founded in 1961 and the other in 1965–recently amalgamated, IPPF member 1965. Asian Social Institute takes interest. Government and FPA clinics: 551. Total new acceptors 1969–1970: 230,000–57% orals, 18% rhythm, 17% IUD and 8% traditional methods. Developing sex education programme. Assistance from IPPF, Population Council, Ford Foundation, Rockefeller Foundation, CWS, World Neighbors and USAID. Pathfinder Fund operates 46 clinics.
...00	–	–	–	1.6	No organized fp activities. Arabian-American Oil Company provides fp services to its employees.
...00	1954	28.8	15.9	2.0	No organized fp activities.
...00	1969	22.2*	5.1	2.1	GOVERNMENT PROGRAMME since 1965. Target to reduce birth rate to 20 per 1,000 by 1971. FPA founded in 1949, IPPF member 1952. Government has 35 clinics. Acceptors in 1970: 36,000–65% orals, 31% condoms, 1% IUDs, 3% others. Abortion liberalized in 1969. Birth rate decreased from 44.3 in 1955 to 22.2 in 1969. Developing family life education in school curriculum. Assistance from Ford Foundation, Population Council, Rockefeller Foundation, SIDA, NORAD and UN.
...00	1968	33.4	4.4	2.8	No organized fp activities.
...00	1964	46.0	12.9	3.1	GOVERNMENT PROGRAMME since 1970. Target to have 2.28 million acceptors by 1976. Two voluntary FPAs–one founded in 1955 and the other in 1970. Red Cross is interested in fp and there are fp programmes in several hospitals. Over 468 clinics with 225,439 acceptors in 1970. Sterilization permitted on economic or social grounds. Intends to develop family life education. Assistance from IPPF, Population Council, Ford Foundation, Rockefeller Foundation, Pathfinder Fund, Brush Foundation, CWS, USAID and UN.
...49†	1969	39.0†	14.0†	2.5	GOVERNMENT PROGRAMME since 1965. Target to reduce growth rate to 2% by 1972. FPA founded in 1963, IPPF member 1965. Turkish University Women's Association also engaged in fp activities. Over 500 clinics with 72,000 acceptors in 1969. Abortion legal on medical grounds. Assistance from IPPF, Ford Foundation, SIDA and USAID.

...1970 Population Census results

Country	*Population (1969 estimate)*	*Rate (per 1,000)* *Year*	*Births*	*Deaths*	*Popula Growth Ra (1963–*
Union of Soviet Socialist Republics	240,571,000	1968	17.2	7.7	1.1
Vietnam, Democratic Republic of	21,340,000	–	–	–	3.1
Vietnam, Republic of	17,867,000	1960	35.0	18.0	2.6
Yemen	5,000,000	–	–	–	–
Yemen (Southern), People's Republic of	1,200,000	1966	37.0	8.1	2.2

ate (per 1,000) Births	Deaths	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
17.2	7.7	1.1	Government attitude becoming favourable. Some fp services available through national health service. No anti-contraceptive legislation. Abortion legal on socio-medical grounds.
–	–	3.1	Government programme reported in 1967. Target to reduce birth rate to 20 per 1,000. Mostly traditional methods.
35.0	18.0	2.6	Government provides some fp services since 1967. FPA founded 1968, has 15 clinics. French anti-contraceptive legislation of 1920 still exists. Assistance from Population Council and USAID.
–	–	–	No organized fp activities.
37.0	8.1	2.2	No organized fp activities.

Europe

Population	1960	425,000,000
Population	1969	460,000,000
Population growth rate	1963–1969	0.8%
Birth rate	1963–1969	18 per 1,000
Death rate	1963–1969	10 per 1,000

Europe has the lowest population growth rate of any continent. With industrialization and a steady improvement of social conditions, death rates in Europe declined gradually and a decline in birth rates occurred almost simultaneously. The population in Europe is that of an economically developed region, and problems are expressed more in terms of urbanization and pollution of the environment than in terms of effects on national development.

Family planning facilities in Europe vary considerably. While some of the first centres were opened in this continent, the sale and advertising of contraceptives is still illegal in some countries. It should be noted that the low birth rates are largely due to the widespread practice of induced abortion. Abortion for social reasons is legal in most Eastern European countries and recently laws have been liberalized in some Western European countries. Induced abortion is widespread in most countries where abortion is legally restricted, and there is an increasing concern to substitute contraception for abortion.

Denmark and Sweden have been pioneers in the field of sex education—a subject of growing interest throughout Europe, and there is a trend to include family planning information in sex education in order to meet the needs of the younger generation.

Government participation in family planning also varies considerably in Europe. In some countries it is integrated with public health services, and in others governments provide support for the activities of family planning associations. An increasing number of governments in Europe have made grants to family planning activities both in their own and in developing countries.

EUROPE

Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate ((1963–69)*
Albania	2,075,000	1968	35.6	8.0	2.8
Austria	7,371,000	1969	16.4	13.3	0.5
Belgium	9,646,000	1969	14.6	12.4	0.6
Bulgaria	8,436,000	1968	16.9	8.6	0.7
Cyprus	630,000	1969	25.2	6.8	1.1
Czechoslovakia	14,418,000	1969	15.5	11.2	0.5
Denmark	4,910,000	1967	16.8	9.9	0.8
Finland	4,703,000	1969	14.5	9.8	0.6
France	50,320,000	1968	16.8	11.0	0.9

te)	Year	Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
)	1968	35.6	8.0	2.8	No information on any organized fp activities.
)	1969	16.4	13.3	0.5	FPA founded 1966, IPPF member 1971. Fp clinics in 4 university and major maternity hospitals. Abortion legal on medical grounds only. Sex education activities by the FPA. Assistance from IPPF.
)	1969	14.6	12.4	0.6	Government decree on fp in April 1970. Federated FPA since 1963, IPPF member. 12 fp centres. Sale of contraceptives and abortion illegal. Meetings and seminars held by FPA on sex education and marriage counselling.
)	1968	16.9	8.6	0.7	Fp services available at hospitals and polyclinics. No FPA. Abortion legal on socio-medical grounds.
)	1969	25.2	6.8	1.1	No organized fp activities.
)	1969	15.5	11.2	0.5	Government favourable. No FPA, but fp services available at some hospitals and health clinics. Abortion legal on socio-medical grounds.
)	1967	16.8	9.9	0.8	Government assistance to population programmes of other countries and IPPF and support to FPA (founded 1955, IPPF member the same year). Has 5 clinics in Copenhagen, all methods available. Physicians and midwives are legally required to give fp advice after delivery and abortion. Abortion legal on socio-medical grounds. Compulsory sex education in schools. FPA also active in sex education.
)	1969	14.5	9.8	0.6	Government aid to population programmes of other countries and to IPPF and support to FPA (founded 1941, IPPF member 1959). Fp service at all MCH centres and six FPA clinics. All methods available, orals and the IUDs most popular. Abortion legal on socio-medical grounds. Sex education in the new education system. FPA publishes sex education material.
)	1968	16.8	11.0	0.9	FPA founded 1956, IPPF member 1959. Fp advice available at over 300 information centres which refer to physicians. Orals most popular. Anti-contraceptive law repealed in 1967, but advertising and supply of contraceptives by the FPA still restricted. Abortion legal on medical grounds only. FPA active in sex education.

Country	*Population (1969 estimate)*	*Rates (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
German Democratic Republic	16,010,000	1968	14.3	14.3	–0.1	Fp integ member 200 FPA Sex educ curricula
German Federal Republic	58,707,000	1969	14.8	12.2	1.0	Governm same yea except t educatio
Greece	8,835,000	1968	18.2	8.3	0.7	No orga Abortio
Hungary	10,295,000	1969	15.0	11.3	0.3	No orga Abortio organize children
Iceland	203,000	1968	20.9	6.9	1.5	No orga are legal Abortio
Irish Republic	2,921,000	1969	21.5	11.5	0.4	FPA fou import f on any g
Italy	53,710,000	1969	17.6	10.1	0.8	Federate except t March 1 Ministry Assistan
Luxembourg	337,000	1969	13.4	12.4	0.7	Governm IPPF me clinics– FPA give
Malta	323,000	1969	16.2	9.4	–0.3	No orga orals ava includin

Year	Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–69)	Family Planning Situation
1968	14.3	14.3	–0.1	Fp integrated in public health services. FPA founded 1964, IPPF member 1967. All methods available in all public health and about 200 FPA centres. Abortion legal on limited socio-medical grounds. Sex education being included into primary and secondary school curricula.
1969	14.8	12.2	1.0	Government favourable. FPA founded 1952, IPPF member the same year, has 11 branches and 23 centres. All methods available except the IUD. Abortion legal on medical grounds only. Sex education included in all schools.
1968	18.2	8.3	0.7	No organized fp activities. Services available at university hospitals. Abortion legal on medical grounds only.
1969	15.0	11.3	0.3	No organized fp activities. Advice available at some hospitals. Abortion legal on liberal grounds since 1956. Some courses are organized in factories and talks are given to secondary school children on sex education.
1968	20.9	6.9	1.5	No organized fp activities. Services available at hospitals. Doctors are legally required to give advice. Orals and IUDs most popular. Abortion legal on socio-medical grounds.
1969	21.5	11.5	0.4	FPA founded 1969. Two advice centres in Dublin. Sale and import for sale of contraceptives illegal. Abortion is not permitted on any grounds. Assistance from IPPF.
1969	17.6	10.1	0.8	Federated FPA founded 1968, IPPF member 1969. All methods except the IUD are available. Anti-contraceptive law repealed in March 1971. Abortion illegal. Sex education courses sponsored by Ministry of Education. FPA produces literature on sex education. Assistance from IPPF.
1969	13.4	12.4	0.7	Government supports fp education activities. FPA founded 1965, IPPF member 1967. Advice on all methods available in FPA clinics–75% orals. Abortion legal on limited medical grounds. FPA gives an increased importance to sex education.
1969	16.2	9.4	–0.3	No organized fp activities. Import of contraceptives illegal, but orals available. Abortion illegal. Some family life education activity including instruction in the rhythm method.

EUROPE

Country	*Population (1969 estimate)*	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate ((1963–69)*
Netherlands	12,873,000	1969	19.2	8.3	1.2
Norway	3,851,000	1969	17.7	9.7	0.8
Poland	32,555,000	1969	16.3	8.1	1.0
Portugal	9,560,000	1969	19.4	10.4	0.9
Romania	20,010,000	1969	23.3	10.1	1.0
Spain	32,949,000	1969	20.1	9.2	1.0
Sweden	7,978,000	1969	13.5	10.4	0.8
Switzerland	6,230,000	1969	16.4	9.2	1.3

Year	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
1969	19.2	8.3	1.2	Government support to FPA since 1966 and aid to IPPF. FPA founded 1880, IPPF member 1952. Has over 60 clinics, with about 120,000 visits in 1969—mainly orals. Abortion legal on medical grounds only. FPA emphasizes sex education.
1969	17.7	9.7	0.8	Fp advice in Government health services. Government aid to population programmes of other countries and to IPPF. FPA founded 1969, IPPF member 1970. All methods available. Abortion legal on socio-medical grounds. A pilot sex education project begun in 1970.
1969	16.3	8.1	1.0	Fp fully integrated with the public health services. FPA founded 1957, IPPF member 1959. Over 3,000 consultation centres. Abortion legal on socio-medical grounds. Intensive activities in sex education.
1969	19.4	10.4	0.9	FPA founded 1967, with government support, IPPF member 1971. All methods available. Abortion illegal. Assistance from IPPF.
1969	23.3	10.1	1.0	No organized fp activities but fp services available at some hospitals. Sale of contraceptives and abortion illegal except for women with more than four children.
1969	20.1	9.2	1.0	No organized fp activities but fp services available privately and to a limted extent in hospitals. Sale of contraceptives and abortion illegal.
1969	13.5	10.4	0.8	Fp services provided through public health services. Government assistance to population programmes of other countries and IPPF. FPA founded in 1934, IPPF member 1952. Some 400,000 estimated oral users. Other methods also available. Abortion legal on socio-medical grounds. Compulsory sex education in schools.
1969	16.4	9.2	1.3	Fp integrated with health service in Canton de Vaud and the Public Health Department is member of IPPF, 1967. Advice available in three centres and two hospitals in different Cantons. All methods available. Abortion legal on medical grounds. Public Health Department in Canton de Vaud also active in sex education.

Country	*Population (1969 estimate)*	*Year*	*Rates (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	
United Kingdom	55,534,000	1968	17.1	11.9	0.6	Government and IPPF, ar FPA has 1,0 clients a yea legal on soci education. I in London.
Yugoslavia	20,351,000	1969	18.8	9.2	1.1	Fp advice av member 196 medical grou

es (per 1,000) Births	Deaths	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
17.1	11.9	0.6	Government assistance to population programmes of other countries and IPPF, and support to FPA (founded 1930, IPPF member 1952). FPA has 1,000 clinics throughout the country with app. 500,000 clients a year. All methods available, orals most popular. Abortion legal on socio-medical grounds. Increasing importance given to sex education. IPPF Headquarters and the European Regional Office in London.
18.8	9.2	1.1	Fp advice available at 500 health units. FPA founded 1966, IPPF member 1967. All methods available. Abortion legal on socio-medical grounds. Some activities in sex education.

Oceania

Population	1960	15,800,000
Population	1969	18,900,000
Population growth rate	1963–1969	2.0%
Birth rate	1963–1969	25 per 1,000
Death rate	1963–1969	10 per 1,000

The impact of population growth has just begun to be felt in Oceania. Apart from Australia and New Zealand, the other countries in this region have recently embarked on programmes leading towards the process of economic development. These countries have come to recognise increasing population either from rapid immigration or high birth rate as an impediment.

Six countries in the region have voluntary family planning organizations. Two Governments are committed to a national policy of family planning and a further two provide contraceptive services within the Maternal and Child Health Clinics. Some countries like Western Samoa have recently included a reduced birth rate as one of the aims of their National Development Plan. The success of family planning is seen in Fiji, where a decline in the birth rate has been experienced.

In Australia and New Zealand, where there are no government programmes, voluntary associations provide clinical facilities.

OCEANIA

Country	*Population (1969 estimate)*	*Rate (per 1,000) Year*	*Births*	*Deaths*	*Population Growth Rate (% (1963–69)*
Australia	12,296,000	1968	20.0	9.1	2.0
Fiji	519,000	1969	29.7*	4.6*	2.1*
Gilbert & Ellice Islands	54,000	1965	23.8	7.4	1.7
New Zealand	2,777,000	1969	22.5	8.7	1.6
Papua & New Guinea	2,315,000	1969	43.8*	20.7*	2.3*
Tahiti	100,000	–	54.1	12.2	3.1
Tonga	83,000	1967	20.8*	2.4*	3.3
Western Samoa	134,000 (1967)	1963–1967	--	–	2.8

*Local estimate

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n ate)	*Year*	*Rate (per 1,000) Births*	*Deaths*	*Population Growth Rate (%) (1963–69)*	*Family Planning Situation*
00	1968	20.0	9.1	2.0	No government programme. FPA founded in 1926, IPPF member 1953. Many local organizations take active part. Services widely available privately. 11 clinics–33% of eligible women practice fp. 45% orals. No anti-contraceptive legislation. Abortion liberalized in South Australia in 1970. Developing sex education programme. Assistance from IPPF.
00	1969	29.7*	4.6*	2.1*	GOVERNMENT PROGRAMME since 1962. Target to reduce birth rate to 25 per 1,000 by 1971. FPA founded in 1963, IPPF member 1967. All MCH clinics and 14 mobile clinics provide services–clinic attendances in 1969: 55,661. Birth rate decreased from 40.9 in 1961 to 29.7 in 1969. FPA urging sex education programme. Assistance from IPPF, Population Council, Oxfam, UKODA and USAID.
00	1965	23.8	7.4	1.7	Government developing fp services as part of MCH. FPA founded in 1969. Women's club does voluntary work. FPA has no fixed clinics. Acceptors by Sept 1970: 1,929. Assistance from UKODA and from WHO to improve MCH facilities.
00	1969	22.5	8.7	1.6	No government programme. FPA founded in 1935, IPPF member 1955. 8 clinics with 12,990 attendances in 1968–52% orals, 27% diaphragms, 18% IUDs and 2% condoms. Family life education included in most secondary school curriculum. Planning to extend it to other levels. Small assistance from IPPF.
00	1969	43.8*	20.7*	2.3*	GOVERNMENT PROGRAMME since 1968. No FPA. 25 clinics with 2,426 acceptors in 1968. No anti-contraceptive legislation. Australia provides assistance.
00	–	54.1	12.2	3.1	Two voluntary FPAs–one founded in 1968 and the other in 1969.
00	1967	20.8*	2.4*	3.3	Government activities since 1958. FPA founded in 1969.
00 7)	1963–1967	–	–	2.8	GOVERNMENT PROGRAMME 1971. Fp to be a major activity of health service. Aim is to reduce fertility rate by 33% during 1976–1991. Women's organization to play a vital role. Technical and financial assistance from UNFPA and WHO.

The International Planned Parenthood Federation

The International Planned Parenthood Federation is a non-profit international organization of family planning associations in 72 countries, dedicated to the belief that knowledge of family planning is a basic human right and that a balance between the world's population and its natural resources and productivity is a necessary condition of human happiness, prosperity and peace.

The IPPF stimulates the formation of family planning associations in all countries of the world and provides them with financial support, technical assistance and advisory services in the medical, educational, training and administrative aspects of their work. IPPF-supported associations offer contraceptive services, recruit and train staff and seek to inform and educate all sectors of the population about the practice of family planning and the urgency of reducing population growth rates for the future welfare of the individual and the social and economic development of the country. The IPPF assists associations to bring about a climate of public support in each country which will lead to a sound population policy and the provision of nationwide government family planning services. When this is achieved the association usually retains broad responsibilities for education and training and for ensuring community support for the programme, often carrying out pilot projects to seek solutions to special problems and using its independent status to pioneer new methods and approaches.

The International Planned Parenthood Federation is financed by voluntary contributions from private citizens and foundations all over the world, and by grants from governments. A gross budget of $20 million (including the local income of grant-receiving organizations) has been established to carry out the international programme of assistance for 1971. To meet this need, fund-raising campaigns have been established in several countries and associations are being assisted to seek local private and government support for their work. Sweden made the first official grant to the IPPF in 1965, followed closely by Britain and the United States. Canada, Denmark, Finland, Japan, and Norway are also financing the 1971 programme as part of their official development assistance programmes.

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